

MAR 13 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

6444

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JacksonPrimary Registration District No. 1002City Stange City (No. 7224)

Independence

File No. 1002Registered No. 1002St. Independence Ward

## 2. FULL NAME

(a) Residence, No. 7224

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Negro

## 5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Blue Ridge Cem. DATE Feb 15 193719. UNDERTAKER  
(ADDRESS)

## 20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 12 1937

## 22. I HEREBY CERTIFY that I attended deceased from

Sept 10 1936 to Feb 12 1937I last saw him alive on Feb 12 1937 Death is saidto have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Aneurysm(Sclerotic)Chronic Pyocarditis

Other contributory causes of importance:

W. A. 93WhisperName of operation Whisper Date Feb 12 1937What test confirmed diagnosis? Whisper Was there an autopsy?

23. If death was due to external causes, violence, fill in also the following:

Accident, suicide, or homicide? Whisper Date of injury Feb 12 1937Where did injury occur? Whisper (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury WhisperNature of injury Whisper

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Whisper(Signed Whisper M. D.(Address Whisper)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

